CARE COORDINATION PLAN

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
CHILDREN'S SPECIAL HEALTH SERVICES
SFN 835 (6-2005)

Clear Fields

Note: Form must be completed by the CSSB Representative/Care Coordinator with the client's/family's input.

Client's Name:	Birthdate:

MEDICAL NEEDS/MEDICAL MANAGEMENT:

How complex are the client's medical needs? Does the client have any other conditions that ARE NOT CSHS eligible? (Describe)

Current Providers:

Primary Care Provider/Medical Home

Name	
Address	City

Medical Specialists/Clinic Team

Name	
Address	City

Dentist

Name	
Address	City

Orthodontist

Name	
Address	City

Other

Name	
Address	City

Plan/Interventions: (Check all that apply)

- ☐ Link client/family to a PCP/Medical Home – refer to CSHS specialist list
- ☐ Link client/family to a general dentist
- ☐ Link client/family to a medical or dental specialist –refer to CSHS specialist list
- ☐ Link client/family to a specialty program or team clinic – refer to CSHS clinic directory
- ☐ Arrange appointment
- ☐ Help client/family locate, arrange, or secure medical-related travel
- ☐ Other interventions (Describe)

FINANCES/ECONOMIC STATUS/INSURANCE COVERAGE:

What is the family's source of income or livelihood? Are the family's basic needs met? Does the family have difficulty meeting financial demands? Does insurance cover health and related services needed to treat the client's chronic medical condition? Do immediate family members have health, dental or vision needs that cause a financial burden? (Describe)

Plan/Interventions: (Check all that apply)

- ☐ Provide client/family with information to help guide insurance-related decisions
- ☐ Provide information on other potential sources of health coverage
- ☐ Help client/family coordinate insurance benefits between third-party payers
- ☐ Verify MA eligibility
- ☐ Verify Healthy Steps
- ☐ Provide information about insurance help-lines (e.g. Covering Kids and Families, ND Insurance Dept.)
- ☐ Other interventions (Describe)

EDUCATION/TRAINING NEEDS:

Does the family or child need information about the child's medical condition? Has the family identified training needs or assistance with health care management? (Describe)	**Plan/Interventions: (Check all that apply)** ☐ Provide client/family with information on specific medical conditions (if assistance is needed, please contact CSHS) ☐ Provide client/family with a care notebook (www.geocities.com/ndfv/FVNDCARENotebook.pdf) ☐ Other interventions (Describe)

PROBLEM SOLVING SKILLS, SUPPORT SYSTEMS AND COPING:

Is the family able to identify solutions to problems? Are informal or formal support systems present? How is the family coping with the client's condition? (Describe)	**Plan/Interventions: (Check all that apply)** ☐ Link family to various support options (e.g.) Family Voices, Family-to-Family Support Network, Federation of Families, Pathfinder Family Center, disease-specific support groups, etc. ☐ Offer suggestions and professional perspective to identify solutions to problems ☐ Other interventions (Describe)

OTHER SOCIAL/EMOTIONAL FACTORS:

What strengths can the client/family identify? What is the client's/family's greatest priority or area of concern? Does the family need extra assistance to coordinate care? (Describe)	**Plan/Interventions: (Check all that apply)** ☐ Help client/family maintain contact or communication between multiple service providers, agencies and organizations involved in the client's care ☐ Refer for additional counseling (e.g.) family crises or grief counseling ☐ Help client/family remove barriers or gain skills necessary to follow through with treatment recommendations ☐ Assist client/family in gaining self-advocacy skills ☐ Other interventions (Describe)

TRANSITION (Required for clients ages 14 to 21):

Has the client/family identified a plan to help the client move from pediatric to adult healthcare? Has the client/family talked about necessary steps needed to transition from high school to work or college? Does the client plan on living independently after school? Will he/she need assistance living on his or her own? (Describe)	**Plan/Interventions: (Check all that apply)** ☐ Provide client/family with information to support transition from pediatric to adult health care, school to work, and home to independent living ☐ Encourage client to start to be independent by making their own appointments, order medication refills, etc. ☐ Help client/family identify adult specialty providers ☐ Encourage client to identify post-high school plans ☐ Refer client to independent living center, vocational rehabilitation, etc. ☐ Help client identify source of insurance if they no longer qualify under parents' policy ☐ Other interventions (Describe)

RESOURCE UTILIZATION:

Review services currently receiving. Assess whether a referral is needed and document who will make the contact.

Plan Interventions: (Check all that apply)

Service List	Currently Receives	Referral Made	Comments
Anne Carlsen Center	☐	☐	
Caring Program	☐	☐	
Child Care Assistance	☐	☐	
Child Care Resource & Referral	☐	☐	
Child Support	☐	☐	
Drug/Alcohol Services	☐	☐	
Easter Seals Goodwill, Inc.	☐	☐	
Family Nutrition Program	☐	☐	
Family Planning	☐	☐	
Family to Family Network	☐	☐	
Family Voices	☐	☐	
Federation of Families	☐	☐	
Food Pantry	☐	☐	
Food Stamps	☐	☐	
General Assistance	☐	☐	
Genetic Counseling	☐	☐	
Head Start	☐	☐	
Health Tracks	☐	☐	
Healthy Steps	☐	☐	
Home Health Care	☐	☐	
Housing Assistance	☐	☐	
Independent Living Centers	☐	☐	
Infant Development/Developmental Disabilities	☐	☐	
Legal Aid	☐	☐	
LIHEAP (Fuel Assistance)	☐	☐	
Medical Assistance (MA)	☐	☐	
Mental Health	☐	☐	
North Dakota Association for the Disabled	☐	☐	
OT/PT/Speech	☐	☐	
Parent Aid	☐	☐	
Pathfinder Family Center	☐	☐	
Prescription Assistance	☐	☐	
Protection & Advocacy	☐	☐	
Public Health	☐	☐	
Reduced School Lunch	☐	☐	
Respite Care	☐	☐	
Right Track	☐	☐	
School Health Services	☐	☐	
Shriner's	☐	☐	
Special Education (IEP, 504)	☐	☐	
Specialty/Multidisciplinary Clinic	☐	☐	
SSI	☐	☐	
Support Group	☐	☐	
Temporary Assistance for Needy Families (TANF)	☐	☐	
Vocational Rehabilitation	☐	☐	
WIC	☐	☐	
Other interventions (Describe)	☐	☐	

MONITORING, EVALUATION, AND PLAN MODIFICATION:
Quarterly contacts with client/family to reassess needs, evaluate achievement of outcomes, and modify the annual care coordination plan.

Quarter One – Contact Date:
Comments:
Quarter Two – Contact Date:
Comments:
Quarter Three – Contact Date:
Comments:
Quarter Four – Contact Date:
Comments:

SIGNATURES:

Parent/Guardian or Client if Over 18:	Date:
CSSB Representative/Care Coordinator:	Date:

Distribution:
- ☐ CSSB/Care Coordinator
- ☐ Family
- ☐ CSHS
- ☐ Other _____